	z.		¥	Bond No. 0155	5264
CONSENT OF SURETY AND INCREASE OF PENALTY		CONSENT OF SUBSTY AND	1. CONTRACT NUMBER	2. MODIFICATION NUMBER	R 3. DATED
			EP-S7-11-12	0005	April 19, 2012
4.	and extend consent, the the payment	(co-sureties) consents (consent) to the foregoing corto the contract as modified or amended. The principle penalty of the performance bond or honds is increased by Thousand Four Hundred Nowly Str Doll metry resulting from this consent shall not exceed the	pal and surety (co-sureties) f ased by Thousand Four Hundred Fifty Eight ased by Thousand Four Hundred News Su Dataw dollars (\$ 1,958,496.00	urther agree that on or aft dollars (\$_1,958,496	ond or bonds shall apply ter the execution of this 0.00 ) and the penalty of crease of the liability of
5. NAME OF SURETY(IES)				6.INCREASE IN LIABILIT LIMIT UNDER PERFORMANCE BOND	7 7.INCREASE IN LIABILITY LIMIT UNDER PAYMENT BOND
A. Berkley Regional Insurance Company				\$1,958,496.00	<b>\$</b> 1,958,496.00
В.				\$	\$
C.					
<u>U.</u>		A. BUSINESS ADDRESS	B. SIGNATURE*	\$	\$
8.INDIVIDUAL PRINCIPAL		,	By: C. TYPED NAME AND TH	TLE	(Affix Seal)
			D. DATE THIS CONSENT	EXECUTED	
	ORPORATE RINCIPAL	Combined Effort, Inc.  18255 Main St.  Jamestown, CA 95327	B. PERSON EXECUTING OF THE PROPERTY OF THE PRO	Dand Brandt	(Affix Corporate Seal)
*Th the inv	ne Principal representat olved, a Pov	or authorized representative shall execute this Conse ive (e.g., attorney-in-fact) that signs the consent is n ver-of-Attorney or a Certificate of Corporate Principa	ent of Surety and Increase of not a member of the partners I must accompany the conse	Penalty with the modifica ship, or joint venture, or ar ent.	ntion to which it pertains. If n officer of the corporation
			B. PERSON EXECUTING CONSENT (Signature)		
A	Berkley 11201 D	Regional Insurance Company Jouglas Avenue ale, IA 50322	C. TYPED NAME AND TO Brenda L. Linze Attorney-in-Fact	De XXII	CORPORATE SEAL SEAL
В	A. CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS		B. PERSON EXECUTING CONSENT (Signature)  BY C. TYPED NAME AND TITLE  D. DATE THIS CONSENT EXECUTED		1985 IIIII OELAWARE IIIII OELAWARE IIIII OELAWARE IIII OELAWARE III
С	A. CORPORA	TE/INDIVIDUAL SURETY'S NAME AND ADDRESS	B. PERSON EXECUTING ( BY C. TYPED NAME AND TO	CONSENT <i>(Signature)</i> TLE	(Affix Seal)
			D. DATE THIS CONSENT	EXECUTED	

Add similar signature blocks on the back of this form if necessary for additional co-sureties.

4. 4

Kansas City, MO

## POWER OF ATTORNEY BERKLEY REGIONAL INSURANCE COMPANY WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY REGIONAL INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Urbandale, lowa, has made, constituted and appointed, and does by these presents make, constitute and appoint: Brenda L. Linze Thomas McGee, L.C.

Surety Bond No.: 0155264

Principal: Combined Effort, Inc.

Obligee: US Environmental Protection Agency

Amount of Bond: See Bond Form

its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Twenty-Five Million and 00/100 U.S. Dollars (U.S.\$25,000,000,00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on August 21, 2000:

"RESOLVED, that the proper officers of the Company are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this day of s) wine . 2012.

INSUR ORPORA 1985 OELAWAS

Attest:

Ira S. Lederman

Senior Vice President & Secretary

Berkley Regional Insurance Company

STATE OF CONNECTICUT)

COUNTY OF FAIRFIELD

Sworn to before me, a Notary Public in the State of Connecticut, this 21 day of \_\_\_\_\_\_, 2012, by Jeffrey M. Hafter and Ira S. Lederman who are sworn to me to be the Senior Vice President, and the Senior Vice President and Secretary, respectively, of Berkley Regional Insurance Company.

> EILEEN KILLEEN NOTARY PUBLIC, STATE OF CONNECTICUT MY COMMISSION EXPIRES JUNE 30 2017 ICATE

) ss:

Notary Public, State of Connecticut

I, the undersigned, Assistant Secretary of BERKLEY REGIONAL INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full

force and effect as of this date. Given under my hand and seal of the Company, this 19th day of

